

State of Minnesota

County

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

In Re the Custody of:

Born (mo/day/yr) _____

Born (mo/day/yr) _____

Petitioner

and

Respondent

STATE OF MINNESOTA)

COUNTY OF _____)SS

(where Affidavit is signed)

My name is _____ and I state that:

1. I am the Petitioner in this case, and I make this *Affidavit* in support of my petition asking the court to decide custody and parenting time.

Optional: (check only if requesting)

☐ Petitioner is requesting the court to establish child support

2. I want the Court to grant **legal** custody of the child(ren) (*check one*):

☐ a. **Jointly** to both parents

☐ b. **Solely** to (check one):

☐ Me ☐ Other party (*print full name*): _____

3. I want the Court to grant **physical** custody of the child(ren) (*check one*):

☐ a. **Jointly** to both parents

☐ b. **Solely** to (check one):

☐ Me ☐ Other parent (*print full name*): _____

**Affidavit in Support of
Motion To Establish Custody
And Parenting Time**

4. I understand that the Judge must decide custody based on what is best for my child(ren), and that by filling in (a) through (m) of this paragraph 4, that I am giving the Judge information needed to make that decision.

a. Describe the child(ren)'s physical, emotional, cultural, spiritual, and other needs. : _____

Describe how the custody and parenting time arrangements you are asking the Court to order will affect the child(ren)'s needs and development: _____

b. Describe any special medical, mental health, or educational needs of the child(ren) that may require special parenting arrangements or access to recommended services: _____

c. Describe the custody arrangement the child(ren) want (the court will decide if the child(ren) is/are of sufficient ability, age, and maturity to state an independent and reliable opinion): _____

d. There ☐ is/was ☐ is not/was not domestic abuse in my household or relationship with the other parent. There ☐ is/was ☐ is not/was not domestic abuse in the other parent's household. If there is or was domestic abuse, describe what happened, when the abuse happened, and the situation surrounding the abuse. _____

If there is/was abuse, describe how that abuse may affect parenting, and the child(ren)'s safety, well-being, and developmental needs: _____

- e. Describe any physical, mental, or chemical health issues you or the other parent may have that affects the child(ren)'s safety or developmental needs (Chemical health issues could mean issues with drugs, alcohol, or other illegal substances): _____

- f. Describe what you have done in the past as well as each and every day to take care of the child(ren): _____

Describe what the other parent has done in the past as well as each and every day to take care of the child(ren): _____

Describe your willingness and ability to maintain consistent, ongoing care to the child(ren) and to meet the ongoing developmental, emotional, spiritual, and cultural needs of the child(ren): _____

Describe the other parent's willingness and ability to maintain consistent, ongoing care to the child(ren) and to meet the ongoing developmental, emotional, spiritual, and cultural needs of the child(ren): _____

- g. Describe how any changes to home, school, and community have affected or may affect the child(ren)'s well-being and development: _____

h. Describe how the custody and parenting time you want the court to order will affect the ongoing relationships between the child(ren) and each parent, siblings, and other significant persons in the child(ren)'s life: _____

i. Describe how it will help the child(ren) to have as much parenting time with each parent as possible and how it may harm the child(ren) if parenting time with either parent is limited: _____

j. Describe what you do to encourage the child's relationship with the other parent and permit frequent and continuing contact by the other parent with the child(ren) (except when there is domestic abuse): _____

Describe what the other parent does to encourage or discourage your relationship and contact with the child(ren): _____

k. Describe the willingness and ability of you and the other parent to cooperate in the raising the child(ren). How will you and the other parent share as much information as possible? How will you and the other parent work together to make sure the children are exposed to as little conflict as possible? _____

Describe what methods you and the other parent plan to use for resolving disputes regarding any major decisions concerning the life of the child(ren): _____

5. I want the court to:

- ☐ order the parenting time schedule as stated in my *Motion*
- ☐ order supervised parenting time for the other parent
- ☐ deny parenting time to the other parent

6. I believe that ☐ this schedule ☐ ordering supervised parenting time ☐ denying parenting time is in the best interest(s) of the child(ren) because _____

If parenting time is supervised, parenting time should be supervised by: _____

Note: You and/or the other parent may have to pay a fee for each supervised visit.

7. I want the Court to order that the child(ren) be transferred at a **visitation exchange center** if one is located in the area, and for both parents to follow all rules of the visitation exchange center:

☐ YES ☐ NO. If YES, this is necessary because _____

If NO, the child(ren) should be transferred at: _____

because _____



8. **Information about child support.** *Continue only if asking to establish child support (child support includes basic support, medical support, and child care support). If not, go to the last page for signature.*

Current Information About Me

I am currently (*check all that apply*):

☐ Married ☐ Separated ☐ Divorced ☐ Living with a companion ☐ Single

9. I am currently (*check one*) ☐ employed ☐ unemployed (*if employed, answer the following*):

a. Employer: _____
b. Address: _____
c. Work telephone number: _____
d. Occupation /Type of work: _____
e. Length of employment: _____
f. Supervisor: _____
g. Gross Pay: \$_____ This ☐ does ☐ does not include overtime pay.
h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly
i. Previously employed by _____
for _____ years prior to the above employment.

10. I have the following additional sources of income:

Commissions	\$ _____	Pension Payments	\$ _____
Annuity Payments	\$ _____	Unemployment Benefits	\$ _____
Military / Naval Retirement	\$ _____	Workers' Compensation	\$ _____
Spousal Maintenance Received	\$ _____	Disability Payments	\$ _____
Self-Employment	\$ _____	Other	\$ _____

11. I receive (*check only if it applies*) ☐ MFIP ☐ Medical Assistance ☐
MinnesotaCare
☐ General Assistance ☐ SSI ☐ Child Care Assistance

12. The child(ren) currently receives monthly social security or veteran's benefits in the amount of \$ _____ based on ☐ my disability ☐ the other parent's disability and is paid to ☐ me ☐ other parent.

13. I am court ordered to pay monthly spousal maintenance.
 (check one) ☐ YES ☐ NO If yes, how much? _____

14. I support the following nonjoint child(ren):

Child's Name	Date of Birth	Relationship	Court ordered child support	Living in my home
			\$	Yes / No
			\$	Yes / No
			\$	Yes / No
			\$	Yes / No
			\$	Yes / No

(If ordered to pay child support for any child listed above, provide copies of court orders)

15. There are _____ number of people who live in my household and my monthly expenses at the present time are as follows (include the total monthly household expenses):

**Monthly Payment at
Present Time**

- a. ☐ House payment or ☐ Rent \$ _____
- b. Real Estate Taxes, if not included in (a) \$ _____
- c. Association Dues or Lot Rent (for property) \$ _____
- d. Insurance:
 - Homeowners, if not included in (a) \$ _____
 - Car \$ _____
 - Life \$ _____
- e. Utilities: (Average Monthly Amount)
 - Gas \$ _____
 - Electricity \$ _____
 - Telephone / Cell Phone \$ _____
 - Water and garbage \$ _____
 - Cable TV \$ _____
- f. Food \$ _____
- g. Clothing \$ _____
- h. Laundry/dry cleaning \$ _____
- i. Personal allowances and incidentals \$ _____
- j. Magazine and newspapers \$ _____
- k. Uninsured / unreimbursed medical expenses \$ _____
- l. Uninsured / unreimbursed dental expenses \$ _____
- m. Child care expenses \$ _____
- n. Transportation expenses:
 - Car payment \$ _____
 - License \$ _____
 - Gasoline \$ _____
 - Repairs \$ _____
- o. Recreation/Entertainment \$ _____

- p. Child(ren)'s needs (sports/school/hobbies) \$ _____
 q. Allowances \$ _____
 r. Other (list) _____ \$ _____
 s. Charge accounts and loans (list):

Name of Account	Balance Owed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

16. The following people help me pay my current monthly expenses listed in question 15:
☐ Spouse ☐ Companion ☐ Roommate(s) ☐ Relatives ☐ No One

17. The value of the property I currently own by myself or with someone else is:

Home \$ _____
 Household goods \$ _____
 Purchase price of my home \$ _____
 Balanced owed on my home \$ _____
 Other real estate \$ _____
 Checking/savings \$ _____
 Automobiles \$ _____ (year and make) _____
 Recreational vehicles \$ _____ (year and make) _____
 Personal property \$ _____
 Stocks/bonds/etc. \$ _____

Current Information About Other Parent

18. To the best of my knowledge, the other parent is currently:

(check one) ☐ employed ☐ unemployed (if employed, answer the following):

- a. Employer: _____
 b. Address: _____
 c. Work telephone number: _____
 d. Occupation / Type of work: _____
 e. Length of employment: _____
 f. Supervisor: _____
 g. Gross Pay: \$ _____ This ☐ does ☐ does not include overtime pay
 h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly ☐ Unknown
 i. Previously employed by _____
 for _____ years prior to the above employment

19. To the best of my knowledge, the other parent has the following additional sources of income:

Commissions \$ _____ Pension Payments \$ _____
 Annuity Payments \$ _____ Unemployment Benefits \$ _____
 Military / Naval Retirement \$ _____ Workers' Compensation \$ _____

Spousal Maintenance Received \$ _____ Disability Payments \$ _____
Self-Employment \$ _____ Other \$ _____

20. To the best of my knowledge, the other parent receives (*check only if it applies*) ☐ MFIP
☐ Medical Assistance ☐ MinnesotaCare ☐ General Assistance ☐ SSI ☐ Child Care Assistance

21. To the best of my knowledge, the other parent is ordered to pay spousal maintenance.
(*check one*)
☐ YES ☐ NO *If yes, how much?* _____

22. To the best of my knowledge, the other parent supports the following nonjoint child(ren):

Child's Name	Date of Birth	Relationship	Court ordered child support	Living in the home
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No

Parents Health Care Coverage Information

23. **About me:** (*check all that apply*)

- ☐ I have health care coverage available for the joint child(ren)
☐ I do not have health care coverage available for the joint child(ren)
☐ I cannot afford to pay my proportionate share of health care coverage for the joint child(ren)
☐ I have public coverage for myself in the form of ☐ Medical Assistance ☐ MinnesotaCare
☐ I am court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children
☐ I have health care coverage and/or dental insurance coverage in place for the following people: _____

Cost of monthly health care coverage for self: \$ _____

Cost of monthly health care coverage for family coverage: \$ _____

Cost of monthly dental insurance for self (if separate coverage from health care coverage):

\$ _____

Cost of monthly dental insurance for family coverage (if separate coverage from health care coverage): \$ _____

24. Currently, there is:

- ☐ no court order that directs either parent to carry health care coverage for the joint child(ren).
☐ Medical Assistance in place for the joint child(ren)
☐ MinnesotaCare in place for the joint child(ren).

25. **About the other parent:** *(check all that apply)*

- ☐ I do not know if the other parent has health care coverage available or in place for the joint child(ren)
- ☐ The other parent has health care coverage available for the joint child(ren)
- ☐ The other parent does not have health care coverage available for the joint child(ren)
- ☐ The other parent is court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children.
- ☐ The other parent has health care coverage and/or dental insurance coverage in place for the following people: _____

Cost of monthly health care coverage for self: \$ _____

Cost of monthly health care coverage for family coverage: \$ _____

Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$ _____

Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ _____

☐ Cost of health care coverage is unknown

Child Care Obligation

26. ☐ There is no court ordered child care obligation and I have child care expenses for the joint child(ren).

The **current** total monthly costs of child care for the joint child(ren) is / are \$ _____

(If a child care subsidy is being received, list the total monthly cost, not just the portion paid by the parent)

☐ I have no child care expenses for the joint child(ren).

27. The following is additional information regarding the reasons I am asking the Court to establish custody, parenting time, and/or child support: _____

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____